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CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

~~FRANK W. Rupp~~
Douglas J. Gould Plaintiff,

vs.

FIRST AMERICAN TITLE COMPANY
a California Corporation

Defendant.

CASE NO. *08*

APPLICATION TO PROCEED
IN FORMA PAUPERIS
(Non-prisoner cases only)

19389

I, *Douglas J. Gould*, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: *Disabled since 2002*

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 N/A

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4 5. Do you own or are you buying a home? Yes No ✓

5 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6 6. Do you own an automobile? Yes ✓ No

7 Make A 100 VAN Year 1964 Model Step van

8 Is it financed? Yes No ✓ If so, Total due: \$ _____

9 Monthly Payment: \$ _____

10 7. Do you have a bank account? Yes ✓ No (Do not include account numbers.)

11 Name(s) and address(es) of bank: \$423.00 Neg balance
U.S. Bank Northgate Mall San Rafael CA.

12 Present balance(s): -\$423.00 Neg balance

13 Do you own any cash? Yes ✓ No Amount: \$ \$26.00

14 Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No ✓

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18 8. What are your monthly expenses?
 19 Rent: \$ 300 month for camp ground fee Utilities: Gas \$200 month

20 Food: \$ 129.00 month food stamp Clothing: _____

21 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
<u>N/A</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

22 9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

23 No

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2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes No _____

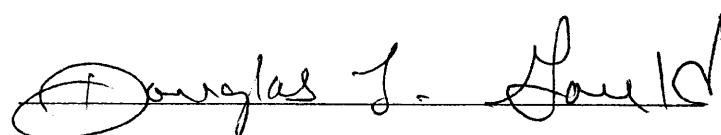
4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5 which they were filed.

6 07-5954 MHP

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8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9 false statement herein may result in the dismissal of my claims.

10 4/11/08
11 DATE



12 SIGNATURE OF APPLICANT

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